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APPLICANTS

Evan Harris Walker, Aberdeen, MD;  
 Eduardo Palomino, Royal Oak, MI;  
 Steven L. Blumenthal, Boynton Beach, FL;

\*\* CONTINUING DATA \*\*\*\*\*  
 This application is a DIV of 10/321,304 12/17/2002 PAT 6,767,919

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	STATE OR COUNTRY MD	SHEETS DRAWING 0	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 10
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ADDRESS  
 20999  
 FROMMER LAWRENCE & HAUG  
 745 FIFTH AVENUE- 10TH FL.  
 NEW YORK , NY  
 10151

TITLE  
 High specificity anticancer drug design process

FILING FEE  RECEIVED 686	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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